

# The Journal of Thoracic and Cardiovascular Surgery

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1271	<b>Improved pain control after cardiac surgery: Results of a randomized, double-blind, clinical trial ■</b> <i>Robert Dowling, MD, Kenneth Thielmeier, MD, Aziz Ghaly, MD, Deborah Barber, CRNA, Todd Boice, CFA, and Alan Dine, BSN, Louisville, Ky, and Lake Forest, Calif</i>  Inadequate pain control after cardiac surgery can result in increased morbidity and prolonged hospital length of stay. In a double-blind study we showed that continuous infusion of local anesthetics delivered to the wound site significantly improved postoperative pain, decreased the narcotic analgesics requirement, and shortened the hospital length of stay.
1279	<b>Long-term outcome after coronary artery bypass grafting in cardiogenic shock or cardiopulmonary resuscitation</b> <i>Paul Sergeant, MD, PhD, Bart Meyns, MD, PhD, Patrick Wouters, MD, PhD, Roland Demeyere, MD, PhD, and Peter Lauwers, MD, PhD, Leuven, Belgium</i>  CABG performed on patients in cardiogenic shock or during CPR has an extremely high and protracted periprocedural risk but is balanced by a satisfactory late survival. The early risk is difficult to predict and strongly dependent on the clinical condition.
1288	<b>Preoperative and operative predictors of delayed neurologic deficit following repair of thoracoabdominal aortic aneurysm</b> <i>Anthony L. Estrera, MD, Charles C. Miller III, PhD, Tam T. T. Huynh, MD, Ali Azizzadeh, MD, Eyal E. Porat, MD, Anders Vinnerkvist, MD, Craig Ignacio, MD, Roy Sheinbaum, MD, and Hazim J. Safi, MD, Houston, Tex</i>  We analyzed preoperative and operative factors for delayed neurologic deficit (DND). Twenty-one of 790 (2.7%) patients had DND. Significant predictors included renal dysfunction, acute dissection, extent II TAAA, and adjuncts. Twelve of 21 (57%) patients recovered neurologic function with cerebrospinal fluid drainage. Although patients may survive surgery unscathed, they continue to be vulnerable to spinal cord damage for several days postoperatively.

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